

Rental Housing Registration Form

Address:	#	of units at this address:
Type of Unit: □duplex/bi-attack	hed □multi-family □single family detached	□other
Legal Description:		
Property Owner:		Phone:
Address:	City, State, Zip:	
Property Owner's e-mail:		
Manager Name:		Phone:
Address:	City, State, Zip:	
Manager's e-mail:		
Registration Fee: \$10.00 - 1 st ur	nit; \$2.00 each additional unit Total F	ee:
Make checks payable to: City of	f Ankeny Mailing Address: 220 W First Stree	et, Ankeny, IA 50023
	ount: Check #: Ca	
	INSPECTOR CERTIFICATION	
l,	, hereby state th	nat I have inspected the rental unit(s)
located at:		and I certify this/these
unit(s) comply on this date		with the provisions of the City of
Ankeny Property Maintenance &	& Housing Code.	
Inspector's Signature	Certific	cation #
	INSPECTION CERTIFICATE	
this/these rental dwelling unit(s Maintenance & Housing Code. maintain rental dwelling unit(s)	to Chapter 177.08 of the Municipal Code certify) was in compliance with the provisions outline This certificate is granted to the above listed prat: at: nay be suspended under the provisions of the a	d in the City of Ankeny Property operty operty owner to operate and in the City of
Approved for issuance by:		
Duilding Official	5.1.	
Building Official	Date	
Expiration Date:	Certificate #	